

## SUMMARY OF SOURCE TEST DATA

SOURCE INFORMATION		FACILITY PARAMETERS	
GDF Name and Address <hr/> <hr/> <hr/>	GDF Representative and Title  <hr/> GDF Phone No. (    ) <hr/>	STAGE II SYSTEM TYPE (Check One)  Balance Wayne <span style="float: right;">_____</span> Gilbarco Hasstech Healy Other	
Permit Conditions	Source: GDF Vapor Recovery System  GDF # _____ A/C # _____	Manifold?      Y      or      N	
	Operating Parameters Last Bulk Delivery Time: _____ Minimum Tank Ullage: _____ Weather Conditions: _____ Vapor Recovery System Condition: _____		
Applicable Regulations:		VN Recommended	
<u>Tank #:</u>		1	2
		3	4
1. Product Grade		_____	_____
2. Actual Tank Capacity, gallons		_____	_____
3. Gasoline Volume		_____	_____
4. Ullage, gallons (#2-#3)		_____	_____
5. Initial Pressure, inches H <sub>2</sub> O		_____	_____
6. Pressure After 5 Minute, inches H <sub>2</sub> O		_____	_____
7. Pressure After 10 Minutes, inches H <sub>2</sub> O		_____	_____
8. Pressure After 15 Minutes, inches H <sub>2</sub> O		_____	_____
9. Final Pressure, inches H <sub>2</sub> O		_____	_____
10. Allowable Final Pressure		_____	_____
11. Pass (P) or Fail (F) Test		_____	_____
Comments:			
Test Conducted by:		Test Company:	
		Date of Test:	